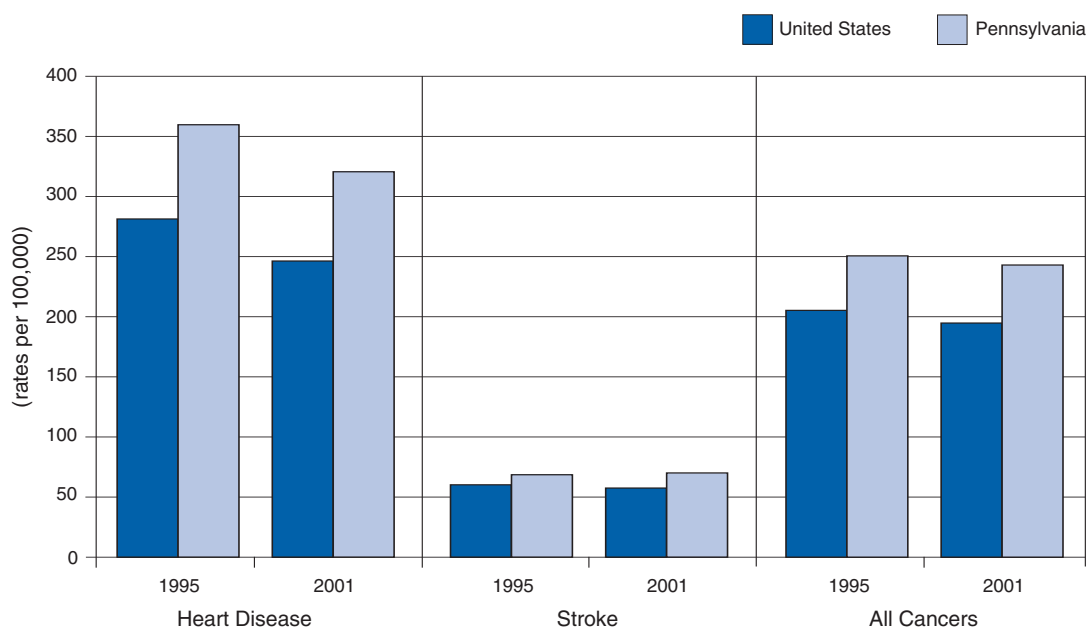


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Pennsylvania, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

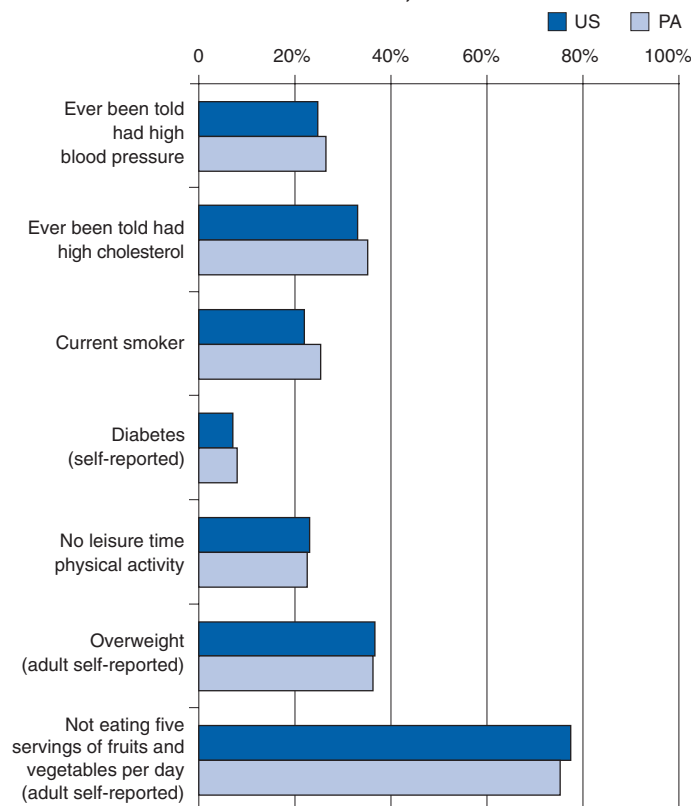
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Pennsylvania, accounting for 38,291 deaths or approximately 30% of the state's deaths in 2002 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 8,442 deaths or approximately 7% of the state's deaths in 2002.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 29,910 are expected in Pennsylvania. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 72,590 new cases that are likely to be diagnosed in Pennsylvania.

Estimated Cancer Deaths, 2004

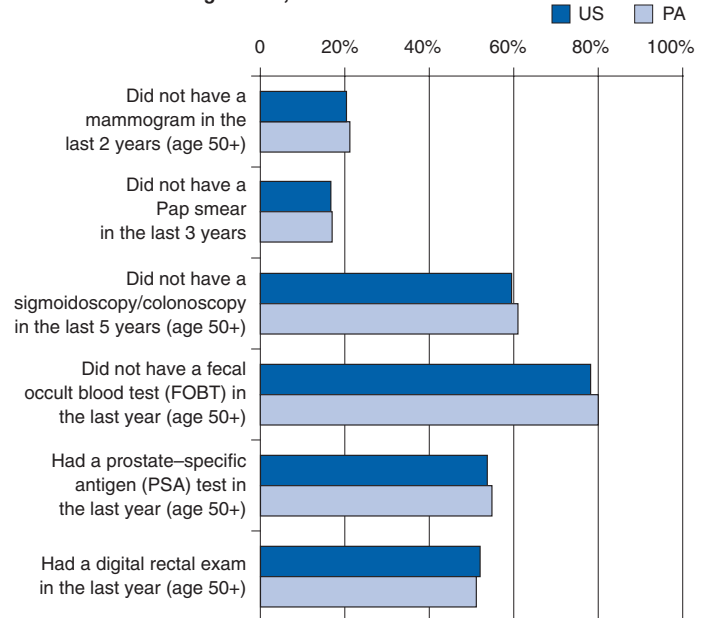
Cause of death	US	PA
All Cancers	563,700	29,910
Breast (female)	40,110	2,080
Colorectal	56,730	3,310
Lung and Bronchus	160,440	7,900
Prostate	29,900	1,560

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Pennsylvania's Chronic Disease Program Accomplishments

## Examples of Pennsylvania's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women across all races, with the greatest decrease occurring among African American men (433.9 per 100,000 in 1990 versus 365.8 per 100,000 in 2000).
- A 17.1% decrease in the number of women older than age 50 who reported not having a mammogram in the last 2 years (from 38.2% in 1992 to 21.1% in 2002).
- A lower prevalence rate than the corresponding national rate for Hispanic women older than age 18 who reported not having had a Pap smear in the last 3 years (16.0% in Pennsylvania versus 17.3% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Pennsylvania in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Pennsylvania, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Pennsylvania BRFSS</i>	\$97,342
National Program of Cancer Registries <i>Pennsylvania Cancer Registry</i>	\$431,689
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>The Taking Control Program</i> <i>Living Well With Diabetes</i>	\$557,967
National Breast and Cervical Cancer Early Detection Program <i>Healthy Woman Project</i>	\$2,020,290
National Comprehensive Cancer Control Program <i>Pennsylvania Cancer Control Program</i>	\$149,722
<b>WISEWOMAN</b>	
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Pennsylvania Tobacco Prevention and Control Program</i>	\$1,087,980
State Nutrition and Physical Activity/Obesity Prevention Program <i>Governor's Keystone Ride</i> <i>Great Pennsylvania Workout</i> <i>Keystone Athletes Mentoring Pennsylvanians (KAMP)</i> <i>Keystone State Games, Inc.</i> <i>KidsWalk to School</i> <i>Pennsylvania Senior Games</i> <i>OPANAC - Osteoporosis, Physical Activity, Nutrition and Cardiovascular Programs</i> <i>Safe Routes to School/Walking School Bus</i>	\$649,262
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
<b>Total</b>	<b>\$4,994,252</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Pennsylvania that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in Pennsylvania, accounting for about 34% of all deaths in the state. From 1996 to 2001, the state's heart disease death rate was 567 per 100,000, which was higher than the national rate of 536 per 100,000. The stroke death rate, however, was lower than the national rate. From 1991 to 1998 the stroke rate in Pennsylvania was 116 per 100,000, compared with the national rate of 121 per 100,000.

Risk factors for CVD include poor nutrition, physical inactivity, overweight and obesity, and high blood pressure. Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) indicate that in 2003 only one quarter (24.7%) of adults in Pennsylvania reported consuming 5 or more servings of fruits and vegetables per day. In addition, 22.6% did not participate in any leisure time physical activity during the past month. As a result of these behaviors, approximately 60% of Pennsylvania adults were overweight (36.3%) or obese (23.8%). Over one quarter (26.5%) of adults in Pennsylvania reported having been told that they have high blood pressure.

Diabetes also is a risk factor for CVD and is the sixth leading cause of death in Pennsylvania. CDC mortality data from 2001 indicate that the diabetes death rate in the state (25.7 per 100,000) was higher than the national diabetes death rate (25.2 per 100,000). In 2003, 8.0% of Pennsylvanians reported having been told by a doctor that they have diabetes, compared with the national rate of 7.1%.

In order to address the risk factors associated with heart disease and stroke, the Pennsylvania Nutrition and Physical Activity Plan (PaNPA Plan) was developed by the Pennsylvania Department of Health and its stakeholders. Pennsylvania Advocates for Nutrition and Activity is funded by the Department of Health to improve nutrition and physical activity statewide through policy and environment interventions. The mission of the PaNPA Plan is to create a Pennsylvania where individuals, communities and public and private entities share the responsibility for developing an environment to support and promote active lifestyles and access to healthy food choices. The plan presents strategies and activities necessary for community-based interventions to increase healthy eating and physical activity opportunities.

*Text adapted from State Health Improvement Plan Special Report on the Health Status of Minorities in Pennsylvania (2002).*

## Disparities in Health

African Americans, who comprise approximately 12% of the U.S. population—roughly 35 million people—experience disproportionate health disparities. They have higher stroke death rates than other groups as well as a higher prevalence of the risk factors for chronic diseases. They suffer higher death rates for cancer and heart disease as well. In addition, approximately 2.7 million African Americans in the United States have diabetes; however, one third of them do not know it. African American communities throughout the United States experience hardships due to these health disparities.

In Pennsylvania, African Americans constitute about 9% of the state's population. Heart disease is the leading cause of death among African Americans in the state. The heart disease death rate for African Americans in Pennsylvania is 298.5 per 100,000; the rate for their white counterparts is 255.1 per 100,000. According to CDC's 2003 Behavioral Risk Factor Surveillance (BRFSS) data, African Americans also had higher prevalence rates for high blood pressure than whites or Hispanics in the state (33.1% of African Americans in Pennsylvania reported having been told they had high blood pressure versus 26.1% of whites and 24.2% of Hispanics).

Data from the 2003 BRFSS also indicate that in Pennsylvania, the rate of overweight and obesity was highest among African Americans (76.4%). The rate of obesity (based on body mass index) for African Americans was 35.1%, compared with the rate for whites, 23.1%. The rate of obesity among African Americans in Pennsylvania also was higher than the rate of obesity among African Americans in the United States (32.6%). African Americans in Pennsylvania were less likely to participate in regular leisure time physical activity (71.7%) than whites (78.6%).

Approximately 14% of African Americans in Pennsylvania were diagnosed with diabetes in 2003, in comparison to 7.6% of whites. The diabetes death rate in 2002 for African Americans in the state (42.0 per 100,000) was also significantly higher than the rate for whites (24.5 per 100,000).

## Other Disparities

- **Stroke:** In Pennsylvania from 1991 to 1998, the stroke death rate for African Americans was 74.7 per 100,000, compared with the rate for whites, 54 per 100,000.
- **Smoking:** African Americans (35.4%) and Hispanics (33.4%) are more likely to be smokers than whites (23.9%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962  
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